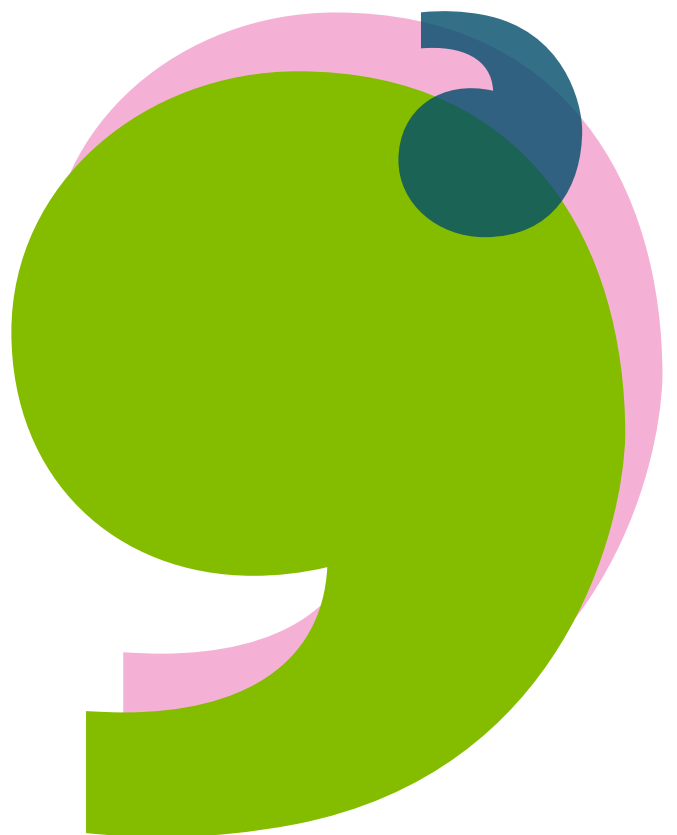




# Enter and View Report

**The Grange Nursing Home**

March 2018



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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	22 Grange Road, Addlestone KT15 3RQ
Service Provider	D Baily
Date and Time	Thursday 25 <sup>th</sup> January 2018, 10:00-14:00
Authorised Representatives	Mary Probert, Jackie Tapping, Natasha Ward
Contact	Healthwatch Surrey, Astolat, Coniers Way, Burpham, Surrey, GU4 7HL Tel: 0303 303 0023

## 1.2 Acknowledgements

Healthwatch Surrey would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

## 1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



## 2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

### 2.1 Purpose of Visit

- To find out to what extent mealtimes at the care homes visited are person-centred, ensuring dignity and respect
- To capture the views and experiences of residents and visitors in relation to mealtimes, accessing food and drink, and experiences of the home in general
- To observe residents and visitors engaging with staff and their surroundings
- To identify examples of good practice.

### 2.2 Strategic drivers

- This Enter and View visit was carried out as part of a wider project by Healthwatch Surrey into person-centred care in Surrey care homes - focusing on supporting choice, dignity and adequate access to food and drink at mealtimes and throughout the day.



- ‘Amplifying the voice of care home residents’ is a Healthwatch Surrey priority for 2017/18.

## 2.3 Methodology

Visits were announced in advance and home managers received notification by post. Prior to the visit the home manager was contacted by telephone by the visit lead to discuss the visit further, and to ascertain the layout of the home and an estimate of how many residents would be able to give consent to participate.

Staff provided guidance to the visit team about who was appropriate to approach to interview. The purpose of the visit, the role of Healthwatch Surrey, and the way in which information would be used was explained to those spoken to in order that they could provide informed consent.

Information was gathered by using semi-structured interview questions and observation in combination. Separate question schedules were developed for residents, staff and visitors based on guidelines from the Social Care Institute of Excellence and comments from contacts working in Adult Social Care. Questions were open ended, designed to be administered flexibly and in a conversational style. Information was recorded using written notes which were collected in by the visit lead at the end of the visit. The visit team used a checklist to record and comment on observations around the home and over lunchtime.

The visit concluded with a team debrief where comments, compliments and concerns were highlighted. The home manager was given opportunity to comment on the draft report prior to finalisation.

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# 3 Findings

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## 3.1 Summary of findings

- Staff were seen to be very helpful, attentive and engaged in meaningful interaction with residents;
- Residents and their relatives told us that there was a good variety of options, the food was good, and the portion sizes were right;
- Drinks and fresh fruit were available and easily accessible.



## 3.2 Results of visit

The home had 23 residents at the time of the visit. Senior staff were available to greet the team and show representatives to the communal areas. The Healthwatch Surrey visit notice and CQC notice were clearly displayed.

### Staff Comments

#### Accommodating individual needs

We met with the manager who told us that the home has a high level of complex need, but also has a high staff ratio which means enough people are on hand to support residents as required. We were told that many of the residents were on modified diets such as soft foods, under guidance of a dietician and speech and language therapy professionals.

The home has 5 residents requiring 1-to-1 assistance with eating and residents are weighed regularly to monitor. The team leader has worked in the home for over 9 years and tells us that home uses the “This is me” support tool to enable person-centred care. We were told that care plans are kept up to date including allergy information, and individual preferences are recorded and kept in the kitchen.

The manager told us that all the staff were aware of all residents’ likes and dislikes, and that they “always act in the residents’ best interest”, however the staff always offer a choice of food even if they believe they know what a resident will like.

The chef prepares a seasonal five-week menu which has been recently reviewed. The menu offers two hot meal options for lunchtime and supper, and other options can be requested; the menu is flexible according to the residents’ requirements.

#### Encouraging food and drink intake

We were told that water jugs are taken around to residents every hour and we did observe that the staff were offering drinks regularly. The manager told us they monitored staff and resident interactions during mealtimes to ensure this is done correctly, particularly where a resident requires a lot of support.

Everyone is offered fluids and fresh fruit regularly. A tea and coffee trolley is taken around regularly, drinks are made on request, and fluid charts are kept in residents rooms. Themed menus are prepared for special celebrations, such as “Milkshake Monday” and “Cake Sunday” and we observed some residents making rice crispy cakes, as an activity, to eat later.

#### Barriers to person-centred care



We did not observe any barriers to person-centred care when our representatives visited this home.

### Resident & Visitor Comments

We were able to speak to 4 residents and 2 visitors in total. On the whole comments were very positive.

#### Person-centred care and choice

Residents and relatives told us they were satisfied with the variety of food and drink on offer, and that they can get food and drink when they want it. We saw jugs of water/juice and fruit such as oranges were available and easily accessible on the side table and residents were observed eating the fruit.

Residents said that their preferences were considered; they can sit and eat where they choose, and a couple of residents said that they often choose to eat in their bedrooms which is accommodated by the home. **Breakfast time is flexible and one resident told us they have breakfast early at 6:30am, when they usually have porridge.**

Residents told us that the staff are encouraging and help them to maintain their dignity. Residents also told us they enjoy the food and gave us plenty of examples of their favourite meals such as sausages, bacon and eggs and fish and chips. **They told us that the “portion sizes are about right”, “they have a good variety of options” and it is “tasty”.** Relatives told us that the staff encourage them to come and visit whenever they want.

#### Caring home environment

Residents told us the staff are “very helpful” and said that it is “lovely here [in the home]”. One resident said they really enjoyed the staff singing happy birthday and making a cake on their birthday.

Relatives of residents spoke highly of the staff and told us that they try hard to encourage residents to eat and drink saying they are “very kind and caring”. Relatives also said that “the chef is very helpful”, the food appears to be fresh, and that Christmas lunch was enjoyable. They said that the staff don’t change often and the home “feels like a family house”.

### Observation of Lunchtime

We observed half an hour over lunchtime.

#### Dining experience

A menu was placed in the dining area; there were no pictorial aids, however the menu was in large print. Disposable aprons were available for residents and most



residents had aids to support their eating such as plates guards.

The food looked very well presented and appealing, including the puréed meal. All the residents were seen to be eating enthusiastically and appeared to enjoy the main meal which was chilli with sour cream, tortillas and guacamole.

The dining room was small and quite cramped as all the residents accessed the dining room in their wheelchairs. Residents chose where to sit, and although the wheelchairs were set back slightly from the table, food and drink were within reach. The food looked good and was visually appealing and well presented.

### **Responsive and supportive staff**

All staff undertook the role of serving food and assisting residents with cutting up food. There was good rapport and friendly communication between staff and residents. One resident said they had read the daily menu and chatted with the staff about what they would like.

We observed that staff were on hand to respond quickly to residents' needs. Staff were attentive and courteous, and supported one resident at a time, taking time to help them during their mealtime. Staff checked on residents, asking "is that alright for you?"

### **Additional observations**

We were told that residents receive six monthly dental checks, and we saw a certificate of dental hygiene awareness clearly displayed. The home also had a 'mission nutrition' information and ideas poster, a list of birthdays, allergies guidelines, and a poster on display near the kitchen showing easy snack ideas.

Residents appeared happy when we arrived and were engaged in a memory activity called "Treasured Memories", assisted by staff. Although most residents are moderately dependent, the atmosphere was calm, and residents appeared comfortable. In the hallway there were thank you cards from relatives and visitors for helping with special birthday arrangements and dietary requirements.

## **3.3 Recommendations**

Surrey County Council (the commissioner) and the Care Quality Commission should consider these findings and take action accordingly.

The findings of this report will be considered alongside the findings from the additional 19 homes included in this programme of visits; a full report of themes and findings will be produced spring 2018.





### 3.4 Service provider response

TBC